

CONTRACT DATA SHEETPSC Type (check one): ____ New ☒ Renewal ____ Addendum**Contractor Information**

1. Legal Name of Contractor: Family Health Centers, Inc.
2. Address: 2215 Portland Avenue
3. City/ State & Zip: Louisville, Kentucky 40212
4. Contact Person Name & Telephone Number: William Wagner, 778-4201
5. Revenue Commission Taxpayer ID#: 533374
6. If registration is not required please explain:
7. Is account in good standing: yes
8. Federal Tax ID # (SSN if sole proprietor): Non-profit

Department Information

9. Requesting Department: Human Resources/OSHA
10. Contact Person Name & Telephone: Lisa Hornig, 574-3305

Contract Information

11. Not to exceed amount: \$197,500
12. Are expenses reimbursed? yes
13. If yes list allowable expenses and maximum amount reimbursable: occupational health services, \$197,500
14. Beginning and ending date of the contract: July 1, 2006 through June 30, 2007
15. Coding: 1101-225-5670-567000-521301
16. Scope & Purpose of the contract: to provide occupational health services to Metro Government employees.

Authorizations

____ County Attorney Review - Approved as to Form:

Department Director: _____ Date: _____

*Signature certifies:*____ *Funds are available*____ *Contractor is registered and in good standing with the Revenue Commission*____ *Human Relations Commission registration requirements have been met*

____ Risk Management Division of Finance - Certifies Insurance requirements satisfied:

Cabinet Secretary : _____ Date: _____

(If applicable)